to prolapse after a high amputation of the rectum for cancer, the pelvic floor having been weakened by the operation.

The essential muscles supporting the perineum are the levator and the sphincter ani. The latter strengthens the small end of the funnel-shaped levator ani, which draws the anal canal forward. These are aided by the other small muscles, as the coccygeus, etc., and the pelvic fascia. In prolapse the anus approaches the tip of the coccyx.

Hofmann aims by his operation to restore the weakened pelvic floor to the normal. After a careful preparation of the part an H-shaped incision is made, the transverse limb passing along the junction of the skin and mucous membrane at the posterior border of the anus, and the two lateral limbs extending upward alongside the anus and downward toward the coccyx. In the anterior part the incision should be about 4 to 5 cm. deep. The two flaps thus formed, the anterior including the rectum, are separated anteriorly and posteriorly, forming a funnel-shaped cavity, which is then closed by transverse sutures placed at different depths. Finally, the edges are sutured by non-absorbable material, the line of sutures being directed anteroposteriorly. This resembles the Lawson Tait operation for a lacerated perineum. A stricture of the rectum is impossible, and there is no sacrifice of plastic material. Primary healing is necessary to a successful result. In the case of a very large prolapse of the rectum a colopexy may be done to replace the sigmoid flexure and descending colon in their normal positions, but Hofmann thinks that generally this will not be necessary.

Researches on the Lymphatics of the Human Prostate.—CAMANTI (*Annales des maladies des organes genito-urinaires*, October 1, 1905) states that the greatest difficulty in studying the lymphatics of the prostate is in the proper injection of parenchymatous organs. He refers to the technique of various investigators and emphasizes the superiority of a weak solution of silver nitrate (1½ to 1 per cent.) as an injecting fluid. The syringe was passed into all parts of the gland until it was thoroughly saturated with the solution.

Under the microscope the lymphatic vessels were seen coming from all directions, anastomosing with each other, forming irregular networks. They increased in size from the centre to the periphery, passing through the capsule, on which the trunks assumed gradually a longitudinal direction. Camanti called this arrangement the periprostatic plexus.

A network of vessels was found in the submucous tissue of the urethra, which passed to the periphery, forming larger vessels by coalescence. The arrangement of the lymphatics in the prostatic tissue varied with different sections of the organ. At the apex they were equally distributed in the tissue. In the middle part, on the contrary, they were more abundant and complex. Finally at the base of the prostate they appeared as small spaces, although the combined calibre was greater. The lymphatics are much more tortuous and dilated than the blood-vessels.

In the interior of the gland the lymphatics originate from the acini. They form a delicate network between the acini, which terminates at the origin of the excretory duct and unites with the lymphatics coming from the ducts. In this way an irregular network is formed, invading all parts of the glandular tissue and ultimately ending in trunks. These trunks form a coarse network under the capsule, constituting the infracapsular periprostatic plexus. The ejaculatory ducts are also surrounded by lymphatic vessels.

The lymphatic vessels are irregular in calibre, showing enlargement looking somewhat like beads. Occasionally between two such successive enlargements, where the vessel wall was constricted, a transverse line stained black could be seen, suggesting the presence of a valve. The endothelial cells were found impregnated with silver nitrate.

THERAPEUTICS.

UNDER THE CHARGE OF

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Intravenous Injection of Therapeutic Sera.—DR. M. JULES COURMONT considers that by introducing sera directly into a vein instead of merely under the skin both local and constitutional unpleasant effects may be avoided. The operation may be easily performed, a rubber bandage being applied to the arm, the skin rendered aseptic, and the needle being plunged by a single stroke directly into the vein. After the injection the bandage is removed and the wound closed by means of a single drop of collodium. There is no danger in the procedure, provided the technique is correct. Abscesses and phlebitis need not occur and the entrance of air into the vein need not be feared, since any amount that can enter by this means is harmless. The author concludes with the statement that the intravenous method is the method of choice; it is harmless and efficacious, and will diminish the tendency to unpleasant after-effects.—*Journal de médecine de Paris*, 1905, No. 34, p. 447.

Vaccination against Tuberculosis.—DR. RAPPIN has carried out a series of experiments upon dogs attempting to immunize these animals against human tuberculosis, from which he draws these conclusions: The immunization which has been brought about shows that in animals thus treated there exists an immunizing substance; this substance appears to reside in the serum in feeble quantities, if at all; consequently it seems that there is a sort of local vaccination of the tissues and that it is in the tissues themselves that the vaccinating substance must be sought. The author considers that we should use the organs of immunized animals, such as the spleen, liver, and kidney, in the endeavor to elaborate this substance.—*Gazette médicale de Nantes*, 1905, No. 37, p. 727.